Division of Health Care Facilities

NAME OF PROVIDER OR SUPPLIER FAYETTEVILLE HEALTH AND REHABILITATION CENT (PA) ID SUMMARY STATEMENT OF DEFICIENCIES (DITY, STATE, ZIP CODE 4081 THORNTON TAYLOR PARKWAY FAYETTEVILLE, TN 37334 (PA) ID PREFIX (EACH DEFICIENCY MUST OF PRECIDED BY FILL) TAGO (PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CONSTRUCTED TO THE APPROPRIATE DATE DATE (PA) ID PREFIX TAGO (PROVIDERS PLAN OF CORRECTION CONSTRUCTION CONSTRUCTI	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE : COMPI	(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER FAYETTEVILLE HEALTH AND REHABILITATION CENT (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) N 000 Initial Comments Based on the investigation completed on 8/8/18, this facility complies with all requirements reviewed pertaining to the allegations for INTAKE			TN5201		B. WING				
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE